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21559 7590 04/07/2008

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Kerri Leary	(Depositor's name)
<i>Kerri Leary</i>	(Signature)
June 26, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/624,809	07/21/2003	S. Ananth Karumanchi	01948/088004	6646

TITLE OF INVENTION: METHODS OF DIAGNOSING PRE-ECLAMPSIA OR ECLAMPSIA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	07/21/2003	CNGUYEN3 \$18200035 16624800	07/07/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS		
DANG, IAN D	1647	424-198100	01 FC:1501	1440.00 OP
			02 FC:1504	300.00 OP
			03 FC:8002	30.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Kristina Bieker-Brady, Ph.D.

Kimya F. Harris, Ph.D.

Clark & Elbing LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Beth Israel Deaconess Medical Center Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies **10**

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **03-2093** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Kristina Bieker-Brady

Date **June 26, 2008**

Typed or printed name **Kristina Bieker-Brady, Ph.D.**

Registration No. **39,109**

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